tumors. In ovarian cancer (OC) JARID1A leads to proliferation and metastasis. High JARID1B mRNA-expression is associated with poor outcome and chemoresistance in OC. The aim of this study was to explore the role of JARID1A- and JARID1B-mRNA-expression in OC.

Methodology JARID1A and JARID1B mRNA-expression was investigated in 238 epithelial OCs and put in relation to clinicopathological characteristics. Univariate and multivariate survival analyses were used to explore the association of both demethylases with patients’ outcome. Additionally, nineteen non-neoplastic fallopian tubal and sixteen non-neoplastic ovarian samples were used as a control group.

Results High JARID1B mRNA-expression was associated with worse PFS and OS in the whole cohort, which could be confirmed in multivariate Cox-regression analysis (HR=1.638, P=0.011 and HR=1.618, P=0.009). Interestingly, in the sub-group of high-grade OCs high JARID1A mRNA-expression was associated with better PFS and OS (HR=1.538, P=0.004 and HR=1.578, P=0.007).

Conclusion Although, JARDID1A and JARID1B are so far thought to have the same biological functions, we showed for the first time that high JARID1A expression is independently associated with favorable PFS and OS in high-grade OCs, whereas high JARID1B mRNA-expression is associated with worse clinical outcome. These findings suggest that potential targeted therapies on chromatin modulation by histone demethylation should be carefully tailored by considering the opposite prognostic effects of both demethylases.

Disclosures No Disclosures.

#425 HUGE ADNEXAL MASS MANAGED MINIMALLY INVASIVE SURGERY USING FLUOROSCOPY C-ARM COVER BAG

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Introduction/Background Minimally invasive surgery is widespread used for the management of adnexal masses. However the main concern of minimally invasive surgery is dissemination of the abdomen and contamination to port sites. Sterile endobags are used in order to prevent dissemination. There are commercial endobags which can be as much as 15 cm in diameter. The removal of bigger masses may be problematic since the mass may not fit into bags. Controlled rupture of the masses which are strongly supposed to be benign was shown not to have adverse outcome. However a mass must be removed in sterile bags which has suspicion of malignancy.

Methodology In this we present management of a huge adnexal mass using fluoroscopy C-Arm cover bag. The patient admitted to our department with the diagnosis of adnexal mass. Ultrasonography revealed a multiloculated mass 17 cm in diameter. No ascites or distant metastasis was detected. Ca 125 level was 47. Laparoscopic exploration and salpingoooforectomy was performed. Posterior colpotomy was performed for removal of the mass. A fluoroscopy C-Arm bag was put into abdomen through colpotomy incision using straightened needle and theades. After taken into abdomen the needles were passed through abdominal wall and the threads was pulled for insertion of the bag through the colpotomy incision. The mass was put into bag and the needles were passed through the abdominal wall and the thread was brought outside the vagina for pulling back the bag. When the opening of the bag was taken outside the vagina the cyst was aspirated and the mass was removed without any contamination. Frozen section revealed borderline tumor and staging was performed laparoscopically.

Results Huge adnexal masses may be managed using Fluoroscopy C-Arm cover bag successfully without any contamination

Conclusion Huge adnexal masses may be managed using Fluoroscopy C-Arm cover bag successfully without any contamination.